

AMENDED COMPLAINT

EXHIBIT C-1

Padding

4/2011

What is Padding?

- Certifying cases in the MD queue that are going to exceed the contracted turn around time.
- When cases exceed the timeframe CareCore can be fined by the Insurance companies.

The Process of Padding:

1. Queues are reviewed in the morning by management.
2. If the queue volume is high, then padding will be initiated.
3. The padding process begins at level 1 and ends at level 5. Level 6 is only initiated during the night shift.
4. Padding Day Team consists of 3 groups.
 1. **Team A**
 2. **Team B**
 3. **Team 5**

Who Will Be Padding?

- **Team A (SC CRs)**
 - Angela Bennett
 - Pamela Barefoot
 - Alicia Gosselin
 - Karen Mullaney
 - Karen Massenburg
 - Kim Laramie
- **Team B (SC CRs)**
 - Cindy Ruff
 - Lillian Barbera
 - Joyce Maier
 - Jane Klink
 - Pam Snyder
 - Ronda Ellerbe
- **Team 5 (Colorado CRs)**
 - Kathy Kemp
 - Nancy Petticrew
 - Barb Hoover
 - Victoria Lenhardt
 - Betti Morris
 - Retina Satterwaite
 - Lydia Holland
 - Cindy Straub
 - John Swift
 - Ligia Aldape
 - Martha Rojas
 - Linda Davis

Team A and Team B

- Will be responsible for padding Levels 1-4.
- Will alternate padding days.
- The schedule will be logged in the Padding Calendar in SharePoint.
 - I.e.. Team A will pad on Wednesday then Team B will pad on Thursday.

Team 5

- Will be responsible for padding level 5.
- This level is not always required and will be initiated later in the day after levels 1-4 have been completed.

Communication Process

- Sarah will email supervisors if and when padding will be initiated along with the padding assignment.
- Supervisors will IM padding staff:
 - When to pad
 - What level to pad
 - Health plan to pad
- Clinical Reviewers must also keep track of how many cases they pad and IM them back to their supervisor.
 - I.e.: Affinity: 4
 - GHI: 20
- Supervisors will be responsible for emailing the stats to Tia Keeton.

General Guidelines

- Read the instructions carefully.
- Always check:
 - Patient's Name
 - CPT Code
 - History
- Only pad the health plans you are assigned to and ONLY the CPT codes listed in the instructions!!

NEVER PAD...

- 1. Cases less than 90 days since prior imaging
- 2. Cases associated with a denial with a similar CPT code
- 3. MRI Breast: 77058/77059 (and any cases associated with)
- 4. PETs (PET/CTs): (and any cases associated with)
- 5. CTAs
- 6. CCTAs
- 7. Denta Scans
- 8. Nuclear Medicine CPT codes 78800, 78801, 78802, 78803
- Do NOT pad CT of Chest if the DX or R/O is for a pulmonary nodule.

How to journal for padding:

- Place the pertinent signs and symptoms with the duration (if noted) and then –certify
- For example: abdominal pain times 3 weeks–certify.
- Do not document anything in the journal about padding!

Level 1

- **Auto Approve the following for Non-Risk Plans which include:**
 - Affinity
 - GHI
 - HealthFirst
 - HealthPlus
 - HMO-Select GHI
 - NHP
 - PHP
 - Rocky Mountain
 - United-NJ
 - Universal American
- Single CT's
- Nuclear Medicine (Except MPI)

Level 2

- Auto Approve level 1 as well as the following for Non-Risk Plans:
- Multiple CTs
- OB All plans (except Wellcare and Coventry)
- CT abd/pelvis should be padded here. Not in level 1!

Level 3

- Auto approve the following for Non-Risk plans including level 1&2:
- MRI without only for
 - Brain
 - Upper extremities
 - Lower extremities

Level 4

- **Auto Approve the following for assigned Non-Risk Plans and levels 1,2, and 3:**
- MRI WITHOUT ONLY for Joints and Spines
- MPI's
- ALL MRI's ABD/PEL/CHEST

Level 5

- Auto approve RISK plans for all CPT codes listed in level 1,2,3,4
- Risk plans include: **Oxford, UHC Medicare, HIP, Aetna NY, Aetna NNJ commercial, Horizon, BCBSAL, Wellcare, Coventry, Americhoice, Avmed, Affinity, GHI, HealthFirst, HealthPlus, HMO-Select GHI, NHP, PHP, Rocky Mountain, United ?**

Level 6

- All studies are cleared! To be performed by the nightshift only if needed.

Questions?

